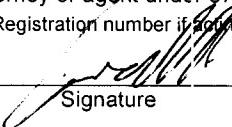


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |  | Docket Number (Optional)<br>5000-0103PUS2  |
|--|--|--|
| Application Number<br>09/748,006-Conf. #4862   | Filed                                  | December 27, 2000  |
| For 3-HETEROCYCLYL-SUBSTITUTED BENZOYL DERIVATIVES   |  |  |
| Art Unit 1626  | Examiner                               | R. T. Shiao  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |  |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |  |  |
|  | <u>Fee</u>                             | <u>Small Entity Fee</u>  |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120                                  | \$60   |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450                                  | \$225  |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020                                 | \$510  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1590                                 | \$795  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160                                 | \$1080   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet. |  |  |
| I am the   | <input type="checkbox"/>               | applicant/inventor.  |
|  | <input type="checkbox"/>               | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |
|  | <input checked="" type="checkbox"/>    | attorney or agent of record. Registration Number <u>32,868</u>   |
|  | <input type="checkbox"/>               | attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____.                               |
|   |  | November 14, 2006<br>Date  |
| Andrew D. Meikle<br>Typed or printed name  |  | (703) 205-8000<br>Telephone Number   |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |  |  |
| <input type="checkbox"/>   | Total of <u>1</u> forms are submitted. |  |